

S. No. 2
M-9-4-41
v. 5-17-39
X29484

42123 ✓

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2685

FILED JAN 15 1943

Registration District No. 784

Primary Registration District No. 117

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(c) Name of hospital or institution:
344 Sylvester
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 344 Sylvester
(e) Citizen of foreign country? No
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th
year 1942 hour 4:40 minute 0 M.
21. I hereby certify that I attended the deceased from June 11, 1939
to December 16, 1942
that I last saw h. or alive on December 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation
Due to Chronic myocarditis
Senility
Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Duration
1 Day
3 yrs
2 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Emma Windmoeller

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Chas. Windmoeller 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 3 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 13 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Housewife

MOTHER FATHER

12. Name Zastrow

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Windmoeller

(b) Address 344 Sylvester, Webster Groves

17. (a) Removal (b) Date thereof 12-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakaville, Ill.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) DEC 13 1942 Argonne, Dr. Kirkwood, Mo.
19. (a) DEC 19 1942 (b) E. H. McNamee
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury.....
23. Signature E. H. McNamee (M. D. or other) MD
Address Kirkwood, Mo Date signed 12-17-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
7
4

96
9
4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John M. Meyer
Licensed Embalmer No. 5288
P. O. Address Werkwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.